

REPORTING DEPARTMENT

<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY	PROPERTY DAMAGE ONLY <input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE	<input type="checkbox"/> HIT AND RUN	Case Number:
				NMDOT:

DATE OF CRASH M/D/YR	MILITARY TIME	CITY OCCURRED IN	COUNTY
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SUN <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	OCCURRED ON: (Route No. or Name)	AT INTERSECTION WITH:	TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OTHER LOCATION <input type="checkbox"/> FEET <input type="checkbox"/> MILES	OF:	PERMANENT LANDMARK – COUNTY LINE – INTERSECTION – MILEPOST	LAT: LONG:
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CRASH <input type="checkbox"/> On Roadway OCCURRED <input type="checkbox"/> Off Roadway	CRASH <input type="checkbox"/> Overturned CLASSIFICATION <input type="checkbox"/> Rollover	<input type="checkbox"/> Other N-Col <input type="checkbox"/> R.R. Train	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedal Cyclist	<input type="checkbox"/> Other Vehicle <input type="checkbox"/> Animal	<input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Fixed Object	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Other Object	ANALYSIS CODE:
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VEHICLE NO. 1 HEADED <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On:	Posted Speed	Safe Speed
Driver's Full Name		Address	
Driver's License Number	State	Type	Restrictions
Expires	City/State	Zip Code	Phone
Date of Birth – M/D/YR	Social Security Number	Occupation	
Age	Sex (M/F)	Race	Injury Code
OP Code	OP Used Properly	Airbag Deploy	Ejected
EMS#			
Seat Pos	Occupant's Name	Occupant's Address (City, State, Zip)	
Vehicle Yr			
Vehicle Make			
Color			
Body Style			
Cargo Body Type			
Vehicle Use (1)			
Vehicle Use (2)			
Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Overall Vehicle Damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None			
Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None			
Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
US DOT			
ICC Docket #			
Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Axles			
Gross Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000			
Hazmat Placard 4 digit #			
OR Hazmat Name AND 1 digit #			
Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Carrier's Name			
Carrier's Address			
Carrier's Zip			
Owner's Name			
Owner's Address			
Owner's Zip			
Owner's Telephone			
Insured By: (Name of Company)			
Policy Number			
Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailer or Towed vehicles			
Type			
Year			
Make			
License Yr			
Lic. State			
Lic. Number			

VEHICLE NO. 2 OR PEDESTRIAN HEADED <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On:	Posted Speed	Safe Speed
Driver's Full Name		Address	
Driver's License Number	State	Type	Restrictions
Expires	City/State	Zip Code	Phone
Date of Birth – M/D/YR	Social Security Number	Occupation	
Age	Sex (M/F)	Race	Injury Code
OP Code	OP Used Properly	Airbag Deploy	Ejected
EMS#			
Seat Pos	Occupant's Name	Occupant's Address (City, State, Zip)	
Vehicle Yr			
Vehicle Make			
Color			
Body Style			
Cargo Body Type			
Vehicle Use (1)			
Vehicle Use (2)			
Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Overall Vehicle Damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None			
Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None			
Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
US DOT			
ICC Docket #			
Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Axles			
Gross Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000			
Hazmat Placard 4 digit #			
OR Hazmat Name AND 1 digit #			
Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Carrier's Name			
Carrier's Address			
Carrier's Zip			
Owner's Name			
Owner's Address			
Owner's Zip			
Owner's Telephone			
Insured By: (Name of Company)			
Policy Number			
Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailer or Towed vehicles			
Type			
Year			
Make			
License Yr			
Lic. State			
Lic. Number			

CRASH REPORT NUMBER:	STATE OF NEW MEXICO UNIFORM CRASH REPORT	SHEET OF SHEETS
CASE NUMBER:	NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE, NM 87504	

ROAD - WEATHER	LIGHTING (Mark 1 with X)	WEATHER (Mark 1 with X)	ROAD COND (Mark 1 each with X)	ROAD SURFACE (Mark 1 each with X)	TRAFFIC CONTROL (Mark 1 each with X)	ROAD CHARACTER (Mark 1 with X)	CRASH REPORT NUMBER:				
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> Paved <input type="checkbox"/> Unstriped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Mark 1 with X) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	CASE NUMBER:				
							ROAD DESIGN (Mark 1 or more for each with X)				
							V1 V2 <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider	V1 V2 <input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone			
EVENT	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)				WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)		SEQUENCE OF EVENTS (See event codes)				
	V1 V2 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact – other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Low Visibility due to smoke				V1 V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield–Police Vehicle(s) <input type="checkbox"/> Failed to yield–Emergency Veh(s) <input type="checkbox"/> High speed pursuit		V1 V2 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None				
					V1 V2 <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking – Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing		V1 V2 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal. <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other				
							FIRST EVENT				
							SECOND EVENT				
							THIRD EVENT				
							FOURTH EVENT				
DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)		PEDESTRIAN	PEDESTRIAN ACTION					
	D1 D2 <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Breath Test Administered _gms/210L _gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Refused Test		D1 D2 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Ill <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment			At Intersection P1 P2 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal					
						Not at Intersection P1 P2 <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other					
			*Specify			*Specify					
NARRATIVE	Describe what happened – refer to vehicles by number.										
Use Diagram/Narrative Sheet for additional information											
OTHER PROPERTY INVOLVED											
DESCRIPTION OF PROPERTY AND DAMAGE											
Owner's Name Owner's Address Owner's Zip Code Owner's Telephone											
WITNESS	NAME		AGE	ADDRESS			TELEPHONE				
ENFORCEMENT ACTION	VEH. NO.	NAME		VIOLATION (COMMON NAME)			ACTION				
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending				
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending				
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending				
Time Notified		Time Arrived		Notified By		Supervisor at Scene		Checked By			
Officer's Signature				Print Officer's Name			Rank	ID No.	District	Date of Report	
CRASH REPORT NUMBER:				STATE OF NEW MEXICO UNIFORM CRASH REPORT						SHEET	
CASE NUMBER:				NMDOT COPY						OF SHEETS	

DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary

CRASH REPORT NUMBER	CASE NUMBER	DIAGRAM DRAWN BY:	MEASUREMENTS TAKEN BY:
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Indicate
North
By
Arrow

CRASH REPORT NUMBER:
CASE NUMBER:

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NMDOT COPY

SHEET
OF

SHEETS

CRASH CLASSIFICATION AND ANALYSIS				
ROLLOVER		OTHER NON-COLLISION		RAILROAD TRAIN
1 Right Side Road	01 All others	09 Submersion in water - irrigation canal/ditch	26 Occupant thrown against part of vehicle	1 Veh struck train
2 Left Side Road	02 Fire in veh (not result of accident)	10 Submersion in water - lake	27 Injury or damage from moving part of veh	2 Train struck veh
3 On The Road	03 Person falling/jump/push from veh	11 Submersion in water - pond	28 Injury or damage by object thrown of veh	3 Veh parked or stranded on track
	04 Trailer jack-knifed	12 Submersion in water - river	29 Toxic or corrosive chemicals leaking out	
OVERTURN	05 Veh ran across open area	21 Veh breakage resulting in injury or damage	30 Bridge collapses due to vehicle weight	4 Train derailed and struck vehicle
1 Right Side Road	06 Veh downhill into canyon / ravine	22 Accidental carbon monoxide poisoning	31 Roadway collapses due to vehicle weight	
2 Left Side Road	07 Submersion in water - arroyo	23 Explosion of any part of vehicle	32 Object falling on vehicle	5 Other motorized railway device on tracks
3 On The Road	08 Submersion in water - dip in road	24 Object or load falling in or from veh	33 Veh striking holes or bumps on rd surface	
		25 Occupant hit by object in vehicle	34 Veh towing sled, tube, or other device	
PEDESTRIAN		OTHER VEHICLE		
1 Veh going straight	0 From opposite direction	14 Veh backing/from same dir	30 One car/enter driveway acc	42 Veh wrong way on divided hwy u-turn from same lanes
2 Veh turning right	1 Both going straight/entering at angle	15 All others/from same dir	31 One car/leave driveway acc	43 Veh wrong way on divided hwy - acc to road unknown
3 Veh turning left	2 One right turn/entering at angle	16 Both going straight/from opp dir	32 One car/back from driveway acc	
4 Veh backing	3 One left turn/enter at angle	17 One right turn/from opp dir	33 One car/back from other than driveway	50 Tire
5 All others and not known	4 Both turn right/enter angle	18 One left turn/from opp dir	34 One car/making a u-turn	51 Lug nuts / wheel parts
PEDAL CYCLIST	5 Both turn left/enter at angle	19 Both turn left/from opp dir	35 One car/not stated or all other	52 Misc vehicle parts
1 Veh struck cyclist from behind	6 One stopped/enter angle	20 All others/from opp dir	36 One vehicle/ stalled in traffic	53 Trailer veh disconnected
2 Veh struck cyclist head on	7 All others/entering at angle	21 Head-on collision/from opp dir	37 Opposite dir - one veh spun on roadway before being hit	54 Towed vehicle disconnected
3 Veh struck cyclist at angle	8 Both going straight/from same dir	22 Sideswipe coll/from opp dir	38 Same dir - one veh spun on roadway before being hit	55 Veh load fell - gravel / rocks
4 Cyclist struck vehicle	9 One right turn/from same dir	23 Rear end coll/same dir	40 Veh wrong way on divided hwy - ramp used incorrectly	56 Veh load fell - construction materials
	10 One left turn/from same dir	24 Sideswipe coll/same dir	41 Veh wrong way on divided hwy - other improper entry	57 Veh load fell - trash / branches / etc.
	11 Both turn right/from same dir	25 One car/parked improper loc		58 Veh load fell - furniture
	12 Both turn left/from same dir	26 One car/stopped in traffic		59 Veh load fell - all other
	13 One stopped/from same dir	27 One car/enter parked pos		60 Gravel / rocks from roadway
		28 One car/fwd from parked pos		61 Snow / slush / ice
		29 One car/back from parked pos		62 Water
ANIMAL		VEHICLE ON OTHER ROADWAY		PARKED VEHICLE
01 Domestic animal	03 Other Animal	01 Two veh prev on phys div road	23 Trailer disconnected	1 Veh parked in proper loc
11 Cattle	31 Dog	02 Veh crossed intersection gore area	24 Towed vehicle disconnected	2 Veh parked improper loc
12 Horse	32 Cat	03 Veh crossed shoulder to other roadway	25 Veh load fell - gravel / rocks	3 Veh backing into parked veh
13 Pig	33 Porcupine	04 Veh crossed median - out of control	26 Veh load fell - construction materials	4 Parked veh disabled or abandoned
14 Sheep	34 Skunk	05 Veh crossed median - making a u-turn	27 Vehicle load fell - trash / branches / etc.	
15 Goat	35 Badger	06 Veh crossed median - all other	28 Veh load fell - furniture	
02 Game animal	36 Coyote	20 Tire	29 Veh load fell - all other	
21 Deer	04 Bird	21 Lug nuts / wheel parts	30 Gravel / rocks from roadway	
22 Elk	41 Eagle	22 Miscellaneous vehicle parts	31 Snow / slush / ice	
23 Bear	42 Hawk		32 Water	
24 Antelope	43 Crow			
25 Cougar	44 Buzzard			
FIXED OBJECT			OTHER OBJECTS	
01 Abutment or pier	16 Guard rail	32 Dumpster / trash receptacles	01 Animal drawn/animal w/rider	
02 Barricade	17 Guard rail bridge or culvert	33 Embankment - rock, stone	02 Object dropped from other vehicle (not motion)	
03 Bridge	18 Hydro cell or tor shok dev	34 Embankment man made - concrete, wire mesh	03 Fallen trees, rocks (landslide, flood)	
04 Building	19 Light standard (light pole)	35 Embankment material type unknown	10 Animal drawn vehicle	
05 Cattle guard	20 Median raised or curb	36 Mailbox	11 Animal carrying a person	
06 Construction material/equip	21 Sign or sign post (traffic)	37 Man made items (phone boxes, picnic tables, etc.	12 Street car	
07 Culvert or drain pipe (cem)	22 Sign or sign post (commercial)	38 Overhead wires	13 Railway devices moved by human power	
08 Ditch	23 Tree	39 Overpass	21 Object dropped from veh - construction mat	
09 Drain or drain cover (man holes)	24 Utility or telephone post	40 Railroad gate	22 Object dropped from veh - furniture	
10 Embankment - earth	25 Traffic signal standard	41 Railroad signals / signs	23 Object dropped from veh - load from large trucks	
11 Equipment (work or constr)	26 Parking meter	42 Railroad track	24 Object dropped from veh - trash, branches, etc.	
12 Fence (wood brick stone)	27 Fence barbed wire	43 Roadway divider - concrete jersey bounce	25 Object dropped from veh - tire	
13 Fire hydrant	28 Boulder / rocks	44 Roadway divider - concrete wall	26 Object dropped from veh - vehicle part	
14 Guard or reflector post	29 Cliff wall	45 Roadway divider - fence	27 All other	
15 Gas meter	30 Dry arroyo	46 Shrubs / vegetation	30 Fallen tree	
	31 Dry irrigation ditch		31 Boulder, rock	
			32 Landslide material	
			33 Avalanche material	
			34 Other mat resulting from landslide, flood, winds	
OCCUPANT INFORMATION				
SEAT POSITION		RACE	OCCUPANT PROTECTION	AIRBAG DEPLOYED
LF Left Front	BA Baby In Arms	A Asian	1 Restraints - Not installed	F Deployed - front of person
CF Center Front	BP Bus Passengers	B Black	3 Lap Belt - Used	S Deployed - side of person
RF Right Front	CM Camper Or Truck	C Caucasian - Non-Hispanic	5 Shoulder Harness - Used	B Deployed - front and side
LR Left Rear	FV Fell From Vehicle	H Hispanic	6 Belt and Harness Used	O Other deployment
CR Center Rear	JP Jumped From Vehicle	I American Indian	7 Ejected From Vehicle	N Not deployed
RR Right Rear	LS Lap Sitter	O Other	8 Child Restraint Used	
LT Left Third Seat	MH Motor home	INJURY CODE	8A Rear-facing Seat	EJECTION
CT Center Third Seat	SS Semi Sleeper	K Killed	8B Forward Facing Seat w/Harness	N Not ejected
RT Right Third Seat	TB Truck Bed	A Incapacitated -- carried from scene	8C Booster Seat	P Partially ejected
FS Fourth In Seat	TD On Towed Device	B Visible Injury	9 Helmet Used	T Totally ejected
MD Motorcycle Driver	TO Trailer Occupants	C Complaint of Injury -- but not visible		O Not applicable (motor or bi-cycle, etc.)
MP Motorcycle Passenger	VR Rear Of Van	O No Apparent Injury		
PD Pedestrian	OT All Others			
PC Pedal cyclist				

FOREIGN STATE CODES			DRIVER INFORMATION	
MEXICO		CANADA	LICENSE TYPE	RESTRICTIONS
AG Aguascalientes	MR Morelos	AB Alberta	A CDL (Commercial Drivers License)	00 No Restriction
BN Baja California Norte	NA Nayarit	BC British Columbia	B CDL	10 Glasses
BS Baja California Sur	NL Nuevo Leon	MB Manitoba	C CDL	11 Contact Lenses
CP Campeche	OA Oaxaca	NB New Brunswick	D Operators (old class 5)	12 Daylight Driving Only
CZ Canal Zone	PU Puebla	NF Newfoundland	I ID Card	13 Route Restriction
CS Chiapas	QE Queretaro	NT Northwest Territories	N None	14 Hand Control
CI Chihuahua	QI Quintana Roo	NS Nova Scotia	P Provisional / Learners	17 Prosthetic Device
CH Coahuila	SL San Luis Potosi	ON Ontario	U Unknown	18 Mirrors Required
CL Colima	SI Sinaloa	PE Prince Edward	S Suspended Driver License	19 Other
DF Distrito Federal	SO Sonora	PQ Quebec	R Revoked Driver License	
DG Durango	TB Tabasco	SK Saskatchewan		
GJ Guanajuato	TA Tamaulipas	YT Yukon Territory		
GE Guerrero	TL Tlaxcala			
HD Hidalgo	VC Veracruz			
JA Jalisco	YU Yucatan			
MX Mexico	ZA Zacatecas			
MC Michoacan				

VEHICLE INFORMATION									
VEHICLE MAKE						COLOR			
AMER AM General	DIAH Diahatsu	ISU Isuzu	MERK Mercury	SAA Saab	BGE Beige	LAV Lavender			
ACUR Acura	DIAT Diamond-Reo	IVEC Iveco-Magirus	MITM Mitsubishi	STRN Saturn	BLK Black	MAR Maroon			
ALFA Alfa-Romeo	DODG Dodge	JAGU Jaguar	MOGU Moto-Guzzi	SCAN Scania	BLU Blue	ONG Orange			
AUDI Audi	EGIL Eagle	JEEP Jeep	NAVI Navistar	STLG Sterling	DBL Dark Blue	PNK Pink			
AUST Austin-Healey	FWD FWD	KAWK Kawasaki	NISS Nissan	SUBA Subaru	LBL Light Blue	PLE Purple			
BMW BMW	FERR Ferrari	KEN Kenworth Truck	NORT Norton	SUZI Suzuki	BRZ Bronze	RED Red			
BSA BSA	FIAT Fiat	KIA Kia	CYCL Unk Motor Cycle	THOM Thomas	BRO Brown	SIL Silver, Aluminum, Stainless Steel			
BENT Bently	FORD Ford	LAMO Lamborghini	OLDS Oldsmobile	TOYA Toyota	CPR Copper				
BROC Brockway	FRKL Fork-Lift	LNCI Lancia	OPEL Opel	TRIU Triumph	CRM Cream Or Ivory	TAN Tan			
BUIC Buick	FRHT Freightliner	LNDR Land Rover	OSHK Oshkosh	VESP Vespa	GLD Gold	TRQ Turquoise			
CADI Cadillac	GMC GMC	LEXS Lexus	MCI Over the Road Bus	VOLK Volkswagen	GRN Green	WHI White			
CHEC Checker	HD Harley-Davidson	LINC Lincoln	PTRB Peterbuilt	VOLV Volvo	DGR Dark Green	YEL Yellow			
CHEV Chevrolet	HMDE Home Made	LOTU Lotus	PEUG Peugeot	WSTR Western Star	LGR Light Green	MUL Multi-color			
CHRY Chrysler	HOND Honda	MG MG	PLYM Plymouth	WHIT White/Autocar					
CITR Citroen	HYUN Hyundai	MACK Mack	PONT Pontiac	WHGM White/GMC					
DAEW Daewoo	ITSC ITASC Motor Home	MASE Maserati	PORS Porsche	YAMA Yamaha					
DATS Datsun	INFI Infiniti	MAZD Mazda	RENA Renault	YUGO Yugo					
DELO Delorean	INTL Intntl-Harvstr	MERC Mercedes	ROL Rolls Royce	UN Other or Unknown					
		MERZ Mercedes-Benz							
BODY STYLE		CARGO BODY TYPE		VEHICLE USE 1	TRAILER/TOWED VEHICLE TYPE				
AV All Terrain Vehicle/Moped	T3 Single Unit Truck (3 or more axles)	AT Auto Transporter	AM Ambulance	AC Auto Carrier					
BU Bus	T2 Single Unit Truck (2-axle)	B1 Bus (9 – 15 people)	CB Church Bus	BT Boat					
LT Light Truck w/Trailer (GCWR > 10,000 Lbs.)	TD Tractor/double	B2 Bus (> 15 people)	CM Construction/ Maintenance	CL Cable Reel					
MC Motor cycle	TS Tractor/semi-trailer	CT Cargo tank	FR Fire/Rescue	CM Construction/ Maintenance	CT Camping (5 th wheel or bumper)				
MH Motor Home	TX Tractor/triple	CM Concrete Mixer	FV Farm vehicle/equipment	FR Fire truck	FT Flat-bed or platform				
OT Other Passenger Vehicle	RR Train	DT Dump	MI Military	FT Flat-bed or platform	GA Gondola				
TH Other heavy truck	TB Truck tractor (bobtail)	FB Flat bed	OB Other Bus	GA Gondola	GN Grain				
PC Passenger Vehicle	TU Truck/trailer	GG Garbage/refuse	OS Other Special Use	GN Grain	HO Hopper				
PK Pickup	VN Van or mini-van	HT Hopper (grain, gravel, chips)	SB School Bus	HO Hopper	HE Horse				
SV Sport Utility Vehicle	UT Unknown heavy truck > 10,000 lbs. Cannot classify	IC Intermodal Chassis	TL Taxi/Limo	HE Horse	HS House trailer (mobile home)				
		LT Log Truck		HS House trailer (mobile home)	LS Livestock				
		NA No Cargo Body/Not Applicable		LS Livestock	LP Logging, pipe or pole				
		OT Other		LP Logging, pipe or pole	LB Lowbed or lowboy				
		PL Pole		LB Lowbed or lowboy	RF Refrigerated van				
		VN Van/enclosed box		RF Refrigerated van	UT Utility				
		VT Vehicle towing other vehicle		UT Utility	VN Van				
				VN Van	TV Towed vehicle				
				TV Towed vehicle	SE Semi				
				SE Semi	SR Service				
				SR Service	IW Single wheel				
				IW Single wheel	ST Stack or rack				
				ST Stack or rack	TN Tanker				
				TN Tanker	TE Tent trailer				
				TE Tent trailer	TM Truck mount camper				
				TM Truck mount camper					

SEQUENCE OF EVENTS			
EVENTS INVOLVING COLLISION WITH		NON-COLLISION EVENTS	
PED Pedestrian		ROR Ran Off Road	
MVT Motor Vehicle in Transport		JK Jackknife	
PMV Parked Motor Vehicle		OR Overturn/Rollover	
RR Train		DR Downhill Runaway	
BIKE Pedal cycle		CLS Cargo Loss or Shift	
ANIM Animal		EX Explosion or Fire	
FO Fixed Object		SU Separation of Units	
WZ Work Zone Construction or Maintenance Equipment		CMC Cross Median/Centerline	
OM Other Moveable Object		EF Equipment Failure	
UN Unknown Movable Object		OCNC Other (describe in narrative)	
OTC Other (describe in narrative)			